

JUL 11 2006

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on July 11, 2006, to the Group fax number (871) 273-8300 to the attention of Examiner Stacey Chen.

Shmuel Livnat

PTO/SB/22 (08-03)

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket No. (Optional)</b> 29025.0001	
In re Application of <b>Artene RAMSINGH, et al.</b>			
Application Number <b>09/879,572</b>		Filed <b>June 12, 2001</b>	
For: <b>COXSACKIEVIRUS B4 EXPRESSION VECTORS AND USES THEREOF</b>			
Art Unit <b>1648</b>		Examiner <b>Stacey Chen</b>	

This is a request under the provisions of 37 CFR 1.138(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 510.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0911

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 33,949

June 11, 2006  
Date

(202) 496-7845  
Telephone Number

Signature  
Shmuel Livnat  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☒ Total of 1 forms are submitted.

PTO/SB/22 (08-03)

Approved for use through 7/31/2008. OMB 0851-0031

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